

Fill in this information to identify your case:

Debtor 1	<b>MARCOS</b>	<b>ARGUDIN</b>
	First Name	Middle Name
	Last Name	
Debtor 2 (Spouse, if filing)	<b>HIGINIA</b>	<b>ARGUDIN</b>
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: Middle District of Florida		
Case number (if known)	9: 17 -bk- 01530-FMD	

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

#### Part 1: Summarize Your Assets

	Your assets	Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ 0.00	
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ 5,994.00	
1c. Copy line 63, Total of all property on Schedule A/B .....	<span style="border: 1px solid black; padding: 2px;">\$ 5,994.00</span>	

#### Part 2: Summarize Your Liabilities

	Your liabilities	Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.....	\$ 687,800	
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$ 35,433.00	
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	+ \$ 0.00	
	<span style="border: 1px solid black; padding: 2px;">\$ 723,233</span>	

#### Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	\$ 3,510.00
Copy your combined monthly income from line 12 of Schedule I.....	
5. Schedule J: Your Expenses (Official Form 106J)	\$ 3,396.00
Copy your monthly expenses from line 22c of Schedule J.....	

Debtor 1

**MARCOS**

First Name

Middle Name

Last Name

**ARGUDIN**

Case number (if known)

**9: 17 -bk- 01530-FMD****Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.**\$ 3510**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:****Total claim****From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.)

\$ 0

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

\$ 0

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$ 0

9d. Student loans. (Copy line 6f.)

\$ 0

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

\$ 0

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+ \$ 0

9g. Total. Add lines 9a through 9f.

\$ 0

Fill in this information to identify your case and this filing:

Debtor 1	<b>MARCOS</b>	<b>ARGUDIN</b>
First Name	Middle Name	Last Name
Debtor 2	<b>HIGINIA</b>	<b>ARGUDIN</b>
(Spouse, if filing)	First Name	Middle Name
		Last Name

United States Bankruptcy Court for the: Middle District of Florida

Case number 9: 17- bk- 01530- FMD

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1. 612 SW 21 STREET

Street address, if available, or other description

##### What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 167,800.00 \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

CAPE CORAL      FL      33991  
City                State       ZIP Code

##### Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

LEE

County

If you own or have more than one, list here:

1.2.

Street address, if available, or other description

##### What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

City                State       ZIP Code

##### Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

County

Debtor 1

MARCOS

First Name

Middle Name

Last Name

ARGUDH

Case number (if known) 9:17-bk-01530-FMD

1.3.

Street address, if available, or other description

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_

**What is the property? Check all that apply.**

Single-family home  
 Duplex or multi-unit building  
 Condominium or cooperative  
 Manufactured or mobile home  
 Land  
 Investment property  
 Timeshare  
 Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. →

\$ 0.00

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

## 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No  
 Yes

3.1. Make: KIA

Model:

2015

Year:

Approximate mileage: \_\_\_\_\_

Other information:

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ 18,000.00 \$ 0.00

 Check if this is community property (see instructions)

If you own or have more than one, describe here:

3.2. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

 Check if this is community property (see instructions)

Debtor 1

MARCOS

First Name Middle Name

Last Name

ARGUD

Case number (if known) 9: 17- bk- 01530- FMD

3.3. Make: \_\_\_\_\_

**Who has an interest in the property? Check one.**

Model: \_\_\_\_\_

 Debtor 1 only

Year: \_\_\_\_\_

 Debtor 2 only

Approximate mileage: \_\_\_\_\_

 Debtor 1 and Debtor 2 only

Other information:

 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

3.4. Make: \_\_\_\_\_

**Who has an interest in the property? Check one.**

Model: \_\_\_\_\_

 Debtor 1 only

Year: \_\_\_\_\_

 Debtor 2 only

Approximate mileage: \_\_\_\_\_

 Debtor 1 and Debtor 2 only

Other information:

 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

4.1. Make: \_\_\_\_\_

**Who has an interest in the property? Check one.**

Model: \_\_\_\_\_

 Debtor 1 only

Year: \_\_\_\_\_

 Debtor 2 only

Other information:

 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_

**Who has an interest in the property? Check one.**

Model: \_\_\_\_\_

 Debtor 1 only

Year: \_\_\_\_\_

 Debtor 2 only

Other information:

 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here →

\$ 0.00

Debtor 1

MARCOS

First Name

Middle Name

Last Name

ARGUDH

Case number (if known) 9:17-bk-01530-FMD

**Part 3: Describe Your Personal and Household Items****Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware No Yes. Describe.....

\$

**7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No Yes. Describe.....

2 TELEVISIONS 1 COMPUTER

\$ 3,000.00

**8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe.....

\$

**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe.....

\$

**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe.....

\$

**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe.....

\$

**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.....

\$

**13. Non-farm animals***Examples:* Dogs, cats, birds, horses No Yes. Describe.....

\$

**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....

\$

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

\$ 3,000.00

Debtor 1

MARCOS

First Name

Middle Name

Last Name

ARGUDU

Case number (if known)

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**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash***Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition* No Yes .....

Cash: .....

\$ .....

**17. Deposits of money***Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.* No Yes .....

Institution name:

17.1. Checking account:	CHASE	\$ 300.00
17.2. Checking account:	WELLS FARGO	\$ 169.00
17.3. Savings account:		\$ _____
17.4. Savings account:		\$ _____
17.5. Certificates of deposit:		\$ _____
17.6. Other financial account:		\$ _____
17.7. Other financial account:		\$ _____
17.8. Other financial account:		\$ _____
17.9. Other financial account:		\$ _____

**18. Bonds, mutual funds, or publicly traded stocks***Examples: Bond funds, investment accounts with brokerage firms, money market accounts* No Yes .....

Institution or issuer name:

	\$ _____
	\$ _____
	\$ _____

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....

Name of entity:

% of ownership:

0% %

\$ .....

0% %

\$ .....

0% %

\$ .....

Debtor 1

MARCOS

First Name

Middle Name

Last Name

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**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.....

Issuer name:

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\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_
**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.

Type of account:

Institution name:

401(k) or similar plan: \_\_\_\_\_

\$ \_\_\_\_\_

Pension plan: \_\_\_\_\_

\$ \_\_\_\_\_

IRA: \_\_\_\_\_

\$ \_\_\_\_\_

Retirement account: \_\_\_\_\_

\$ \_\_\_\_\_

Keogh: \_\_\_\_\_

\$ \_\_\_\_\_

Additional account: \_\_\_\_\_

\$ \_\_\_\_\_

Additional account: \_\_\_\_\_

\$ \_\_\_\_\_

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes .....

Institution name or individual:

Electric: \_\_\_\_\_

\$ \_\_\_\_\_

Gas: \_\_\_\_\_

\$ \_\_\_\_\_

Heating oil: \_\_\_\_\_

\$ \_\_\_\_\_

Security deposit on rental unit: \_\_\_\_\_

\$ \_\_\_\_\_

Prepaid rent: \_\_\_\_\_

\$ \_\_\_\_\_

Telephone: \_\_\_\_\_

\$ \_\_\_\_\_

Water: \_\_\_\_\_

\$ \_\_\_\_\_

Rented furniture: \_\_\_\_\_

\$ \_\_\_\_\_

Other: \_\_\_\_\_

\$ \_\_\_\_\_

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)** No Yes .....

Issuer name and description:

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\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Debtor 1

MARCOS

First Name

Middle Name

Last Name

ARGUD

Case number (if known)

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**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes .....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	\$ _____
_____	\$ _____
_____	\$ _____

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them....

_____	\$ _____
-------	----------

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them....

_____	\$ _____
-------	----------

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them....

_____	\$ _____
-------	----------

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

_____	Federal: \$ _____
_____	State: \$ _____
_____	Local: \$ _____

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....

_____	Alimony: \$ _____
_____	Maintenance: \$ _____
_____	Support: \$ _____
_____	Divorce settlement: \$ _____
_____	Property settlement: \$ _____

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information.....

SOCIAL SECURITY	\$ 2,525.00
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Debtor 1

MARCOS

First Name

Middle Name

Last Name

ARGUD

Case number (if known) 9:17-bk-01530-FMD

**31. Interests in insurance policies***Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance* No Yes. Name the insurance company  
of each policy and list its value. . .

Company name:

Beneficiary:

Surrender or refund value:

\$

\$

\$

**32. Any interest in property that is due you from someone who has died***If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.* No Yes. Give specific information.....

\$

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples: Accidents, employment disputes, insurance claims, or rights to sue* No Yes. Describe each claim. ....

\$

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim. ....

\$

**35. Any financial assets you did not already list** No Yes. Give specific information.....

\$

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached  
for Part 4. Write that number here** →

\$ 2,994.00

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.  
 Yes. Go to line 38.

Current value of the  
portion you own?  
Do not deduct secured claims  
or exemptions.

**38. Accounts receivable or commissions you already earned**

No  
 Yes. Describe.....

\$

**39. Office equipment, furnishings, and supplies***Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices*

No  
 Yes. Describe.....

\$

Debtor 1

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First Name

Middle Name

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ARGUDH

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**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade** No Yes. Describe.....

\$

**41. Inventory** No Yes. Describe.....

\$

**42. Interests in partnerships or joint ventures** No Yes. Describe.....

Name of entity:

% of ownership:

_____	_____ %	\$ _____
_____	_____ %	\$ _____
_____	_____ %	\$ _____

**43. Customer lists, mailing lists, or other compilations** No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe.....

\$

**44. Any business-related property you did not already list** No Yes. Give specific information .....

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here .....**

\$ _____	0.00
----------	------

**Part 6:****Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7. Yes. Go to line 47.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**47. Farm animals***Examples: Livestock, poultry, farm-raised fish* No Yes.....

\$

Debtor 1

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First Name

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ARGUDH

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## 48. Crops—either growing or harvested

 No Yes. Give specific information.....

\$

## 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

 No Yes.....

\$

## 50. Farm and fishing supplies, chemicals, and feed

 No Yes.....

\$

## 51. Any farm- and commercial fishing-related property you did not already list

 No Yes. Give specific information.....

\$

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached  
for Part 6. Write that number here →

\$ 0.00

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

## 53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information.....\$  
\$  
\$

## 54. Add the dollar value of all of your entries from Part 7. Write that number here →

\$ 0.00

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 → \$ 0.00

56. Part 2: Total vehicles, line 5 \$ 0.00

57. Part 3: Total personal and household items, line 15 \$ 3,000.00

58. Part 4: Total financial assets, line 36 \$ 2,994.00

59. Part 5: Total business-related property, line 45 \$ 0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$ 0.00

61. Part 7: Total other property not listed, line 54 + \$ 0.00

62. Total personal property. Add lines 56 through 61. \$ 5,994.00 Copy personal property total → + \$ 5,994.00

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

\$ 5,994.00

Fill in this information to identify your case:

Debtor 1	<b>MARCOS</b>		<b>ARGUDIN</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>HIGINIA</b>		<b>ARGUDIN</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Middle District of Florida			
Case number (if known)	9-17- bk-01530-FMD		

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from <i>Schedule A/B</i> : _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from <i>Schedule A/B</i> : _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from <i>Schedule A/B</i> : _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Debtor 1

**MARCOS**

First Name

Middle Name

Last Name

**ARGUDIN**Case number (if known) 9-17- bk-01530-FMD**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			

Fill in this information to identify your case:

Debtor 1	<b>MARCOS</b>		<b>ARGUDIN</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>HIGINIA</b>		<b>ARGUDIN</b>
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: Middle District of Florida

Case number  
(If known) **9-17-bk-01530-FMD**

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
\$ 167,800.00	\$ _____	\$ _____

#### 2.1 SELECT PORFOLIO SERVICIN

Creditor's Name  
**PO BOX 65250**  
Number Street

Describe the property that secures the claim:

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

#### 2.2 cit bank

Creditor's Name  
**11 west 42 street**  
Number Street

Describe the property that secures the claim:

\$ 520,000.00 \$ \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here: **\$ 687,800.00**

Debtor 1

MARCOS

First Name

Middle Name

Last Name

ARGUDIN

Case number (if known) 9-17-bk-01530-FMD

**Part 1:****Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**Column A**  
Amount of claim  
Do not deduct the value of collateral.

**Column B**  
Value of collateral that supports this claim

**Column C**  
Unsecured portion if any

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name

Describe the property that secures the claim:

Number Street

_____	_____
-------	-------

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Creditor's Name

Describe the property that secures the claim: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number Street

_____	_____	_____
-------	-------	-------

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Creditor's Name

Describe the property that secures the claim: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number Street

_____	_____	_____
-------	-------	-------

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here: \$ \_\_\_\_\_

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$ \_\_\_\_\_

\$ _____
\$ _____

Debtor 1

**MARCOS**

First Name

Middle Name

Last Name

**ARGUDIN**Case number (if known) 9-17- bk- 01530- FMD**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>MARCOS</b>		<b>ARGUDIN</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>HIGINIA</b>		<b>ARGUDIN</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Middle District of Florida			
Case number (if known)	<b>9-17- bk- 01530- FMD</b>		

Check if this is an amended filing

**Official Form 106E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**

No. Go to Part 2.  
 Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	<b>LEE CIRCUIT</b> Priority Creditor's Name <b>1700 MONROE STREET</b> Number Street <b>FORTMYERS</b> FL <b>33902</b> City                State        ZIP Code	Last 4 digits of account number <b>2 4 1 7</b>	\$ <b>7,886.00</b>	\$ _____
		When was the debt incurred? <b>09/09/2015</b>		
		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
		Type of PRIORITY unsecured claim:		
		<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify _____		
		Is the claim subject to offset?		
		<input type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	<b>FLAGSHIP CRD</b> Priority Creditor's Name <b>PO BOX 975658</b> <b>DALLAS</b> TX <b>75397</b> City                State        ZIP Code	Last 4 digits of account number <b>1 0 0 1</b>	\$ <b>25,703.00</b>	\$ _____
		When was the debt incurred? <b>01/02/2017</b>		
		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
		Type of PRIORITY unsecured claim:		
		<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify _____		
		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**Total claim**    **Priority amount**    **Nonpriority amount**

<input type="checkbox"/>	MIDLAND FUND	Priority Creditor's Name
--------------------------	--------------	--------------------------

Last 4 digits of account number 9 9 7 7 \$ 545.00 \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number	Street
<u>2365 NORTHSIDE DRIVE STE300</u>	

SAN DIEGO	CA	92108
City	State	ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

**Type of PRIORITY unsecured claim:**

Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

Is the claim subject to offset?

No  
 Yes

<input type="checkbox"/>	CREDIT COLLECTION	Priority Creditor's Name
--------------------------	-------------------	--------------------------

Last 4 digits of account number 3 7 5 0 \$ 239.00 \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number	Street
_____	

City	State	ZIP Code
------	-------	----------

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

**Type of PRIORITY unsecured claim:**

Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

Is the claim subject to offset?

No  
 Yes

<input type="checkbox"/>	FFCC - CLVLAND	Priority Creditor's Name
--------------------------	----------------	--------------------------

Last 4 digits of account number 9 9 8 2 \$ 176.00 \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number	Street
_____	

City	State	ZIP Code
------	-------	----------

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

**Type of PRIORITY unsecured claim:**

Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

Is the claim subject to offset?

No  
 Yes

Debtor 1

MARCOS

First Name Middle Name Last Name

ARGUDIN

Case number (if known) 9-17- bk- 01530- FMD

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.****4.1 CREDIT COLLECTION**

Nonpriority Creditor's Name

Last 4 digits of account number 5 5 5 6

Total claim

\$ 172.00When was the debt incurred? 01/02/2017

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Who incurred the debt? Check one.  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

**4.2 BROWARD ADJUS.**

Nonpriority Creditor's Name

Last 4 digits of account number 1 5 4 8\$ 112.00When was the debt incurred? 01/02/2017

2876 E OAKLAND PARK BLVD

Number Street City FL ZIP Code

As of the date you file, the claim is: Check all that apply.

Who incurred the debt? Check one.  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

**4.3 CREDIT ONE BANK**

Nonpriority Creditor's Name

Last 4 digits of account number 7 0 1 5\$ 300.00

PO BOX 98873

When was the debt incurred? 01/01/2016

Number Street City NV ZIP Code

As of the date you file, the claim is: Check all that apply.

Who incurred the debt? Check one.  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<input type="checkbox"/>	CAPITAL ONE		
Nonpriority Creditor's Name			
PO BOX 10497			
Number	Street	SC	29603
City	State	ZIP Code	

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 5 6 2 2 \$ 300.00When was the debt incurred? 01/02/2017

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

<input type="checkbox"/>	Nonpriority Creditor's Name		
Number Street			
City	State	ZIP Code	

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

<input type="checkbox"/>	Nonpriority Creditor's Name		
Number Street			
City	State	ZIP Code	

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Name \_\_\_\_\_

Number Street \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City State ZIP Code \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City State ZIP Code \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City State ZIP Code \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City State ZIP Code \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City State ZIP Code \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City State ZIP Code \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City State ZIP Code \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

## Part 4:

## Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
Add the amounts for each type of unsecured claim.

Total claim		
<b>Total claims from Part 1</b>	<b>6a. Domestic support obligations</b>	6a. \$ _____ 0.00
	<b>6b. Taxes and certain other debts you owe the government</b>	6b. \$ _____ 0.00
	<b>6c. Claims for death or personal injury while you were intoxicated</b>	6c. \$ _____ 0.00
	<b>6d. Other. Add all other priority unsecured claims. Write that amount here.</b>	6d. + \$ _____ 35,433.00
<b>6e. Total. Add lines 6a through 6d.</b>	6e. \$ _____ 35,433.00	

Total claim		
<b>Total claims from Part 2</b>	<b>6f. Student loans</b>	6f. \$ _____ 0.00
	<b>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b>	6g. \$ _____ 0.00
	<b>6h. Debts to pension or profit-sharing plans, and other similar debts</b>	6h. \$ _____ 0.00
	<b>6i. Other. Add all other nonpriority unsecured claims. Write that amount here.</b>	6i. + \$ _____ 0.00
	<b>6j. Total. Add lines 6f through 6i.</b>	6j. \$ _____ 0.00

Fill in this information to identify your case:					
Debtor	MARCOS		ARGUDIN		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if filing)	HIGINIA		ARGUDIN		
	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the: Middle District of Florida					
Case number (If known)	9-17- bk-01530- FMD				

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.2

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.3

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.4

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.5

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Debtor 1

**MARCOS**

First Name

Middle Name

Last Name

**ARGUDIN**Case number (if known) 9-17- bk-01530- FMD**Additional Page If You Have More Contracts or Leases****Person or company with whom you have the contract or lease****What the contract or lease is for**

2.

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>MARCOS</b>	<b>ARGUDIN</b>
	First Name	Middle Name
Debtor 2	<b>HIGINIA</b>	<b>ARGUDIN</b>
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: Middle District of Florida		
Case number (If known) <b>9-17-bk-01530-FMD</b>		

 Check if this is an amended filing**Official Form 106H****Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

- Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)
 

No  
 Yes
- Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
 

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
 No  
 Yes. In which community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

- In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1	HIGINIA	ARGUDIN
	Name 612 SW 21 STREET	
	Number Street CAPE CORAL	FL
	City	State ZIP Code 33991
3.2		
	Name _____	
	Number Street _____	
	City _____	State _____
3.3		
	Name _____	
	Number Street _____	
	City _____	State _____

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Debtor 1

**MARCOS**

First Name Middle Name

**ARGUDIN**

Last Name

Case number (if known) 9-17- bk- 01530- FMD**Additional Page to List More Codebtors****Column 1: Your codebtor**

3. \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

 Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_ Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_ Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_ Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_ Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_ Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_ Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_ Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>MARCOS</b>	<b>ARGUDIN</b>
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	<b>HIGINIA</b>	<b>ARGUDIN</b>
	First Name	Middle Name
	Last Name	Last Name
United States Bankruptcy Court for the: Middle District of Florida		
Case number (If known)	<u>9-17-bk-01530-FMD</u>	

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:  
 MM / DD / YYYY

Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Debtor 2 or non-filing spouse

Employed  
 Not employed

Employed  
 Not employed

Occupation

RETIRED

RETIRED

Employer's name

\_\_\_\_\_

\_\_\_\_\_

Employer's address

Number Street

Number Street

\_\_\_\_\_

\_\_\_\_\_

City State ZIP Code

City State ZIP Code

How long employed there?

\_\_\_\_\_

\_\_\_\_\_

### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

\_\_\_\_\_

For Debtor 2 or  
non-filing spouse

\_\_\_\_\_

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ \_\_\_\_\_

\$ \_\_\_\_\_

3. Estimate and list monthly overtime pay.

3. + \$ \_\_\_\_\_

+ \$ \_\_\_\_\_

4. Calculate gross income. Add line 2 + line 3.

4. \$ \_\_\_\_\_

\$ \_\_\_\_\_

Debtor 1	<b>MARCOS</b>	<b>ARGUDIN</b>	Case number (if known) <u>9-17-bk-01530-FMD</u>
	First Name	Middle Name	Last Name

	<u><b>For Debtor 1</b></u>	<u><b>For Debtor 2 or non-filing spouse</b></u>
<b>Copy line 4 here.....</b>	→ 4. \$ _____	\$ _____
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ _____	\$ _____
5b. Mandatory contributions for retirement plans	5b. \$ _____	\$ _____
5c. Voluntary contributions for retirement plans	5c. \$ _____	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ _____	\$ _____
5e. Insurance	5e. \$ _____	\$ _____
5f. Domestic support obligations	5f. \$ _____	\$ _____
5g. Union dues	5g. \$ _____	\$ _____
5h. Other deductions. Specify: _____	5h. + \$ _____	+ \$ _____
<b>6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.</b>	<b>6. \$ _____</b>	\$ _____
<b>7. Calculate total monthly take-home pay. Subtract line 6 from line 4.</b>	<b>7. \$ _____</b>	\$ _____
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm <small>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.</small>	8a. \$ _____	\$ _____
8b. Interest and dividends	8b. \$ _____	\$ _____
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive <small>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.</small>	8c. \$ _____	\$ _____
8d. Unemployment compensation	8d. \$ _____	\$ _____
8e. Social Security	8e. \$ <u>1,711.00</u>	\$ <u>814.00</u>
8f. Other government assistance that you regularly receive <small>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____</small>	8f. \$ _____	\$ _____
8g. Pension or retirement income	8g. \$ <u>985.75</u>	\$ _____
8h. Other monthly income. Specify: _____	8h. + \$ _____	+ \$ _____
<b>9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.</b>	<b>9. \$ <u>2,696.00</u></b>	<b>\$ <u>814.00</u></b>
<b>10. Calculate monthly income. Add line 7 + line 9.</b> <small>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.</small>	<b>10. \$ <u>2,696.00</u></b>	<b>+ \$ <u>814.00</u></b> = <b>\$ <u>3,510.00</u></b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> <small>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____</small>	11. + \$ _____	
<b>12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.</b> <small>Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i>, if it applies</small>	12. \$ <u>3,510.00</u>	<b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	<b>MARCOS</b>	<b>ARGUDIN</b>
	First Name	Middle Name
	Last Name	
Debtor 2 (Spouse, if filing)	<b>HIGINIA</b>	<b>ARGUDIN</b>
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: Middle District of Florida		
Case number (If known)	<u>9-17-bk-01530-FMD</u>	

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

Your expenses

4.	\$	1,700.00
4a.	\$	0.00
4b.	\$	0.00
4c.	\$	0.00
4d.	\$	0.00

Debtor 1

**MARCOS**

First Name

Middle Name

Last Name

**ARGUDIN**Case number (if known) **9-17-bk-01530-FMD****Your expenses****5. Additional mortgage payments for your residence, such as home equity loans**5. \$ **0.00****6. Utilities:**

6a. Electricity, heat, natural gas

6a. \$ **120.00**

6b. Water, sewer, garbage collection

6b. \$ **60.00**

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$ **130.00**

6d. Other. Specify: \_\_\_\_\_

6d. \$ \_\_\_\_\_

**7. Food and housekeeping supplies**7. \$ **600.00****8. Childcare and children's education costs**8. \$ **0.00****9. Clothing, laundry, and dry cleaning**9. \$ **0.00****10. Personal care products and services**10. \$ **60.00****11. Medical and dental expenses**11. \$ **0.00****12. Transportation. Include gas, maintenance, bus or train fare.**12. \$ **50.00**

Do not include car payments.

**13. Entertainment, clubs, recreation, newspapers, magazines, and books**13. \$ **0.00****14. Charitable contributions and religious donations**14. \$ **0.00****15. Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance

15a. \$ **0.00**

15b. Health insurance

15b. \$ **0.00**

15c. Vehicle insurance

15c. \$ **104.00**

15d. Other insurance. Specify: \_\_\_\_\_

15d. \$ **0.00****16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.**

Specify: \_\_\_\_\_

16. \$ **0.00****17. Installment or lease payments:**

17a. Car payments for Vehicle 1

17a. \$ **572.00**

17b. Car payments for Vehicle 2

17b. \$ **0.00**

17c. Other. Specify: \_\_\_\_\_

17c. \$ **0.00**

17d. Other. Specify: \_\_\_\_\_

17d. \$ **0.00****18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).**18. \$ **0.00****19. Other payments you make to support others who do not live with you.**

Specify: \_\_\_\_\_

19. \$ **0.00****20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property

20a. \$ **0.00**

20b. Real estate taxes

20b. \$ **0.00**

20c. Property, homeowner's, or renter's insurance

20c. \$ **0.00**

20d. Maintenance, repair, and upkeep expenses

20d. \$ **0.00**

20e. Homeowner's association or condominium dues

20e. \$ **0.00**

Debtor 1 MARCOS ARGUDIN Case number (if known) 9-17- bk-01530-FMD  
 First Name Middle Name Last Name

21. Other. Specify: \_\_\_\_\_

21. +\$ 0.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 3,396.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ \_\_\_\_\_

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 3,396.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 3,510.00

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 3,396.00

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$ 114.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1	<b>MARCOS</b>	<b>ARGUDIN</b>
	First Name	Middle Name
Debtor 2	<b>HIGINIA</b>	<b>ARGUDIN</b>
(Spouse, if filing)	First Name	Middle Name
		Last Name
United States Bankruptcy Court for the: Middle District of Florida		
Case number (if known)	<u>9-17- bk-01530-FMD</u>	

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

Married  
 Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1 Debtor 2:  
lived there

Dates Debtor 2  
lived there

Same as Debtor 1

Same as Debtor 1

Number Street  


---



---

From \_\_\_\_\_  
To \_\_\_\_\_

Number Street  


---



---

From \_\_\_\_\_  
To \_\_\_\_\_

City State ZIP Code

City State ZIP Code

Same as Debtor 1

Same as Debtor 1

Number Street  


---



---

From \_\_\_\_\_  
To \_\_\_\_\_

Number Street  


---



---

From \_\_\_\_\_  
To \_\_\_\_\_

City State ZIP Code

City State ZIP Code

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2: Explain the Sources of Your Income

Debtor 1

MARCOS

First Name

Middle Name

Last Name

ARGUDIN

Case number (if known) 9-17-bk-01530-FMD

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

 No Yes. Fill in the details.**From January 1 of current year until the date you filed for bankruptcy:****For last calendar year:**(January 1 to December 31, YYYY)**For the calendar year before that:**(January 1 to December 31, YYYY)

Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of Income Check all that apply.	Gross income (before deductions and exclusions)
<input type="checkbox"/> Wages, commissions, bonuses, tips	\$ _____	<input type="checkbox"/> Wages, commissions, bonuses, tips	\$ _____
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
<input type="checkbox"/> Wages, commissions, bonuses, tips	\$ _____	<input type="checkbox"/> Wages, commissions, bonuses, tips	\$ _____
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
<input type="checkbox"/> Wages, commissions, bonuses, tips	\$ _____	<input type="checkbox"/> Wages, commissions, bonuses, tips	\$ _____
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	

**5. Did you receive any other income during this year or the two previous calendar years?**Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

 No Yes. Fill in the details.**From January 1 of current year until the date you filed for bankruptcy:****For last calendar year:**(January 1 to December 31, YYYY)**For the calendar year before that:**(January 1 to December 31, YYYY)

Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of Income Describe below.	Gross income from each source (before deductions and exclusions)
<u>SOCIAL SECURITY</u>	\$ 1,711.00	<u>SOCIAL SECURITY</u>	\$ 814.00
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
<b>For last calendar year:</b>			
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
<b>For the calendar year before that:</b>			
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Debtor 1

MARCOS

First Name

Middle Name

Last Name

ARGUDINCase number (if known) 9-17- bk-01530-FMD**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name	Number Street	City	State	ZIP Code	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
_____	_____	_____	_____	_____	\$ _____	\$ _____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

Debtor 1

MARCOS

First Name

Middle Name

Last Name

ARGUDINCase number (if known) 9-17- bk-01530-FMD**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				

Debtor 1

**MARCOS**

First Name

Middle Name

Last Name

**ARGUDIN**Case number (if known) **9-17-bk-01530-FMD****Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.Case title **FORECLOSURE****Nature of the case**Case number **15-CA-050168****Court or agency****COURT OF THE 20 JUDICIAL CII**

Court Name

**Status of the case** Pending On appeal Concluded

Case title \_\_\_\_\_

Court Name \_\_\_\_\_

 Pending

Case number \_\_\_\_\_

Number Street \_\_\_\_\_

 On appeal

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

 Concluded

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

 No. Go to line 11. Yes. Fill in the information below.**Describe the property****Date****Value of the property**

Creditor's Name \_\_\_\_\_

\$ \_\_\_\_\_

Number Street \_\_\_\_\_

**Explain what happened** Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or levied.

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Describe the property****Date****Value of the property**

Creditor's Name \_\_\_\_\_

\$ \_\_\_\_\_

Number Street \_\_\_\_\_

**Explain what happened** Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or levied.

Debtor 1 MARCOS ARGUDIN Case number (if known) 9-17-bk-01530-FMD  
 First Name Middle Name Last Name

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No  
 Yes. Fill in the details.

Describe the action the creditor took		Date action was taken	Amount
Creditor's Name			\$
Number	Street		
City	State ZIP Code	Last 4 digits of account number: XXXX-_____	

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No  
 Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
			\$ _____
Number Street			
City State ZIP Code			
Person's relationship to you			
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
			\$ _____
Number Street			
City State ZIP Code			
Person's relationship to you			

Debtor 1 MARCOS  
First Name Middle Name Last NameARGUDINCase number (if known) 9-17-bk-01530-FMD

## 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

 No Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			\$ _____
			\$ _____
Number Street			
City State ZIP Code			

**Part 6: List Certain Losses**

## 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

 No Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss <small>Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.</small>	Date of your loss	Value of property lost
			\$ _____

**Part 7: List Certain Payments or Transfers**

## 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Number Street			\$ _____
			\$ _____
City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			

Debtor 1

MARCOS

First Name

Middle Name

Last Name

ARGUDIN

Case number (if known)

9-17- bk-01530-FMD

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid				\$ _____
Number Street				\$ _____
City	State	ZIP Code		
Email or website address				
Person Who Made the Payment, if Not You				
<b>17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?</b> Do not include any payment or transfer that you listed on line 16.				
<input type="checkbox"/> No <input type="checkbox"/> Yes. Fill in the details.				
Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid				\$ _____
Number Street				\$ _____
City	State	ZIP Code		

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer		
Number Street		
City	State	ZIP Code
Person's relationship to you _____		
Person Who Received Transfer		
Number Street		
City	State	ZIP Code
Person's relationship to you _____		

Debtor 1 MARCOS ARGUDIN Case number (if known) 9-17- bk-01530-FMD

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

Description and value of the property transferred

Date transfer was made

Name of trust \_\_\_\_\_

\_\_\_\_\_

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
---------------------------------	-------------------------------	--	---

Name of Financial Institution \_\_\_\_\_

XXXX- \_\_\_\_\_

Checking \_\_\_\_\_ \$ \_\_\_\_\_  
 Savings \_\_\_\_\_  
 Money market \_\_\_\_\_  
 Brokerage \_\_\_\_\_  
 Other \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

XXXX- \_\_\_\_\_

Checking \_\_\_\_\_ \$ \_\_\_\_\_  
 Savings \_\_\_\_\_  
 Money market \_\_\_\_\_  
 Brokerage \_\_\_\_\_  
 Other \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

Who else had access to it?

Describe the contents

Do you still have it?

Name of Financial Institution \_\_\_\_\_

Name \_\_\_\_\_

No  
 Yes

Number Street \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Debtor 1 **MARCOS** **ARGUDIN** Case number (if known) **9-17-bk-01530-FMD**

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

No  
 Yes. Fill in the details.

Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility	Name	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Number Street	Number Street	
City State ZIP Code		
City	State ZIP Code	

**Part 9: Identify Property You Hold or Control for Someone Else**

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

No  
 Yes. Fill in the details.

Where is the property?	Describe the property	Value
Owner's Name		\$ _____
Number Street	Number Street	
City	State ZIP Code	

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

No  
 Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	_____
Number Street	Number Street	
City	State ZIP Code	
City	State ZIP Code	

Debtor 1 **MARCOS** **ARGUDIN** Case number (if known) **9-17-bk-01530-FMD**

First Name Middle Name Last Name

**25. Have you notified any governmental unit of any release of hazardous material?**

No  
 Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	
Number Street	Number Street	
City	State ZIP Code	
City	State ZIP Code	

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No  
 Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title	Court Name	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Number Street	
Case number	City State ZIP Code	

**Part 11: Give Details About Your Business or Connections to Any Business****27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street		EIN: _____
City State ZIP Code		Dates business existed
Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street	Name of accountant or bookkeeper	EIN: _____
City State ZIP Code		Dates business existed
Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street	Name of accountant or bookkeeper	EIN: _____
City State ZIP Code		Dates business existed
From _____ To _____		
From _____ To _____		
From _____ To _____		

Debtor 1	<b>MARCOS</b>	<b>ARGUDIN</b>	Case number (if known) <u>9-17- bk-01530-FMD</u>
	First Name	Middle Name	Last Name
<b>Business Name</b>		<b>Describe the nature of the business</b>	
<b>Number Street</b>		<b>Name of accountant or bookkeeper</b>	
<b>City</b>	<b>State</b>	<b>ZIP Code</b>	<b>Employer Identification number</b> Do not include Social Security number or ITIN.
			<b>EIN:</b> _____
			<b>Dates business existed</b>
			<b>From</b> _____ <b>To</b> _____

**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

No  
 Yes. Fill in the details below.

**Date issued**

Name \_\_\_\_\_ MM / DD / YYYY \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X**

Signature of Debtor 1

Date \_\_\_\_\_

**X**

Signature of Debtor 2

Date \_\_\_\_\_

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	First Name <u>Marcos</u>	Middle Name <u></u>	Last Name <u>Argudin</u>
Debtor 2 (Spouse, if filing)	First Name <u>Susinica</u>	Middle Name <u></u>	Last Name <u>Argudin</u>
United States Bankruptcy Court for the: Case number (If known)	District of <u>Biddle District</u> <u>9-17-BK-01530-FMD</u>		

 Check if this is an amended filing**Official Form 108****Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.  
Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**Part 1: List Your Creditors Who Have Secured Claims**

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

Creditor's name:  
Cit Bank Surrender the property. NoDescription of property securing debt:  
9715 SW 114 Ct Retain the property and redeem it. Yes(H) (FL) 33176 Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: \_\_\_\_\_Creditor's name:  
 Surrender the property. NoDescription of property securing debt:  
 Retain the property and redeem it. Yes Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: \_\_\_\_\_Creditor's name:  
 Surrender the property. NoDescription of property securing debt:  
 Retain the property and redeem it. Yes Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: \_\_\_\_\_Creditor's name:  
 Surrender the property. NoDescription of property securing debt:  
 Retain the property and redeem it. Yes Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: \_\_\_\_\_

Debtor 1

Harcos

First Name

Middle Name

Argudin

Last Name

Case number (if known)

9:17-bk-01530-FMD

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases****Will the lease be assumed?**

Lessor's name:

 No YesDescription of leased  
property:

Lessor's name:

 No YesDescription of leased  
property:**Part 3: Sign Below**

**Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.**

x Marcos Argudin

Signature of Debtor 1

x Higinio Argudin

Signature of Debtor 2

Date 03 09 2017  
MM / DD / YYYYDate 03 09 2017  
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 First Name	Middle Name	Last Name
<u>Marcos</u>		<u>ARGUDIN</u>
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name
<u>Higinia</u>		<u>ARGUIN</u>
United States Bankruptcy Court for the: Case number (if known)	District of	<u>Middle District</u> <u>9-17-blk-01530-FMD</u>

Check one box only as directed in this form and in Form 122A-1Supp:

1. There is no presumption of abuse.

2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).

3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

**Official Form 122A-1****Chapter 7 Statement of Your Current Monthly Income**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

**Part 1: Calculate Your Current Monthly Income**

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

- Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
- Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>0</u>	\$ <u>0</u>
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ <u>0</u>	\$ <u>0</u>
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ <u>0</u>	\$ <u>0</u>
5. Net income from operating a business, profession, or farm Gross receipts (before all deductions)	Debtor 1 \$ <u>  </u>	Debtor 2 \$ <u>  </u>
Ordinary and necessary operating expenses	<u>- \$   </u>	<u>- \$   </u>
Net monthly income from a business, profession, or farm	\$ <u>  </u>	\$ <u>  </u>
	<b>Copy here ➔</b>	
6. Net income from rental and other real property Gross receipts (before all deductions)	Debtor 1 \$ <u>  </u>	Debtor 2 \$ <u>  </u>
Ordinary and necessary operating expenses	<u>- \$   </u>	<u>- \$   </u>
Net monthly income from rental or other real property	\$ <u>  </u>	\$ <u>  </u>
	<b>Copy here ➔</b>	
7. Interest, dividends, and royalties	\$ <u>  </u>	\$ <u>  </u>

Debtor 1

Marcos

First Name

Middle Name

Argodin

Last Name

9.17.bk.01530.FMD

Case number (if known)

**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you ..... \$ 1,711  
 For your spouse ..... \$ 814

**Column A**  
Debtor 1**Column B**  
Debtor 2 or  
non-filing spouse\$ 0\$ 0**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.**10. Income from all other sources not listed above.** Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

\$ 0      \$ 0  
 \$ 0      \$ 0  
 + \$ 0      + \$ 0

Total amounts from separate pages, if any.

**11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

985<sup>79</sup> +    = 3,510  
 Total current monthly income

**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:12a. Copy your total current monthly income from line 11. .... Copy line 11 here ➔ \$3,510

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b. \$42,120**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

Florida

Fill in the number of people in your household.

2Fill in the median family income for your state and size of household. .... 13. \$51,655

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**14a.  Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*  
 Go to Part 3.14b.  Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*  
 Go to Part 3 and fill out Form 122A-2.**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

Marcos Argodin

Signature of Debtor 1

Date 03 10 2017  
 MM / DD / YYYYHojin Argodin

Signature of Debtor 2

Date 03 10 2017  
 MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.